

Virgin Islands Bar Association
27 & 28 King Cross Street
Phoenix Court Business Complex
P.O. Box 4108
St. Croix, U.S. Virgin Islands 00820
Tel: (340) 778-7497
Fax: (340) 773-5060

FOR VIBA USE ONLY

CLE hours: _____
Ethics Hours: _____
Reporting Year: _____
Approved: Y N Approval/Denial Date: _____

ATTORNEY APPLICATION FOR CLE CREDIT/CERTIFICATION OF ATTENDANCE

Check if new address of record.

I. Applicant Information:

Name: _____ Virgin Islands Bar Association ID
Number: _____ Address: _____
_____ Daytime Phone: _____
E-Mail
Address: _____

2. Title of Program: _____

Course Sponsor: _____ Accrediting Institution: _____

3. Total CLE Hours: _____ including (_____) Ethics Hours

Date(s) of course: _____

Location(s): _____

4. Circle all that apply: LIVE VIDEO AUDIO CD-
ROM IN-OFFICE SATELLITE
TELECONFERENCE INTERNET
TEACHING LECTURING

5. Course -Registration Fee: \$ _____ Target

Audience: Clients _____ Attorneys _____ Other _____

6. courses

a. All courses: Program schedule or agenda (times are needed to verify credit hours), and

b. Courses not automatically approved for credit: Course materials (table of contents) or statement describing the subject matter (information is needed to determine

whether course shall be approved for credit)

7. Required Attachments for members seeking credit for Teaching or Lecturing:

- a. **Statement certifying the number of hours spent in preparation for the class or lecture and number of hours spent delivering lecture to the audience (times are needed to verify credit hours), and**
- b. **Course syllabus, lecture outline or statement describing the subject matter (information is needed to determine whether activity shall be approved for credit)**

8. Required Attachments for members seeking credit for VIBA participation:

- a. **Statement describing the officer's or committee's tasks, the scope of the member's participation and the number of hours actually expended attending meetings or working on assigned tasks**

9. CERTIFICATION: I certify under the penalty of perjury that I attended _____ hours, including
(_____) Ethics hours, of the above-named courses.

Signature of Attorney: _____ Date: _____